

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814



February 21, 1990

Letter: 90-21

TO: All County Welfare Directors
All County Administrative Officers

ERRATA NOTICE - ALL COUNTY WELFARE DIRECTORS LETTER (ACWDL) NO. 90-09

SUBJECT: OTHER HEALTH COVERAGE

The sample beneficiary letter included with All County Welfare Directors Letter No. 90-09 was incorrect. The third and fourth paragraphs were merged together.

Enclosed is a copy of the correct letter. The correct version was sent to beneficiaries.

We apologize for any inconvenience this may have caused you.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: February 21, 1991

IMPORTANT MEDI-CAL NOTICE

MEDI-CAL IS EXPANDING ITS PROGRAM FOR USING PRIVATE HEALTH INSURANCE. THIS PROGRAM IS CALLED COST AVOIDANCE AND IT MEANS THAT IF YOU HAVE PRIVATE HEALTH INSURANCE, MEDI-CAL WILL NOT PAY FOR MEDICAL SERVICES COVERED BY YOUR INSURANCE. HOWEVER, YOU WILL STILL BE ABLE TO USE YOUR MEDI-CAL CARD FOR MEDI-CAL COVERED SERVICES THAT YOUR PRIVATE HEALTH INSURANCE DOES NOT COVER.

OUR RECORDS INDICATE THAT YOU HAVE PRIVATE HEALTH INSURANCE WITH BLUE SHIELD. BEGINNING WITH YOUR FEBRUARY 1990 MEDI-CAL CARD, AN "S" CODE WILL BE PLACED IN THE OTHER COVERAGE FIELD ON YOUR MEDI-CAL CARD TO INDICATE THIS COVERAGE.

EFFECTIVE FEBRUARY 1, 1990, YOUR PROVIDERS OF SERVICE WILL HAVE TO BILL YOUR PRIVATE HEALTH INSURANCE FIRST. IF YOUR INSURANCE COMPANY DENIES PAYMENT, YOUR PROVIDER MAY THEN BILL MEDI-CAL.

IF THIS PRIVATE HEALTH INSURANCE COVERAGE EXTENDS TO A DEPENDENT, PLEASE COMPLETE THE ENCLOSED HEALTH INSURANCE QUESTIONNAIRE FOR ALL COVERED DEPENDENTS AND RETURN IT TO THE DEPARTMENT IN THE ENCLOSED POSTAGE PAID ENVELOPE.

IF YOU DO NOT HAVE PRIVATE HEALTH INSURANCE WITH THE INSURANCE CARRIER THAT WE HAVE CODED ON YOUR CARD, CONTACT YOUR COUNTY WELFARE DEPARTMENT.